



ONCOLOGY NURSES ASSOCIATION OF INDIA

(Registration No. Maharashtra, Bombay - 386,1994, G.B.B.S.D. Dated 18.4.94)
Nursing Administration, Tata Memorial Hospital,, E.Borges Marg, Parel, Mumbai - 400 012. (India)
Phone : 24177000, 24161413 (Ext. 4025), 24177256 (Direct)
Fax : 91-22-24146937 E-mail : onai94tmh@gmail.com

MEMBERSHIP APPLICATION FORM

Name : (In block letters)

Professional Qualification

Other Additional Qualification :

Years of Experience

Present Position

Name & Address of the Hospital / Institution

Mailing Address

Email Id :

Membership fees

<input type="checkbox"/> Life Rs. 2000/-	<input type="checkbox"/> Institutional** Rs. 3000/- (For 4 years)	<input type="checkbox"/> Overseas** Annual 50\$	<input type="checkbox"/> Overseas institutional 200 \$ (for 4 years)
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Date : / /

Applicant signature

** Not eligible for voting

Effective from June 2010

Filled in form with Demand Draft in favour of **Oncology Nurses Association of India** should be sent to the Secretary, Oncology Nurses Association of India , Nursing Administration , Tata Memorial Hospital, Dr. Ernest Borges Road, Parel, Mumbai - 400 012